

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NUMBER  
**07/649969**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2		/					62						
3		/					63						
4	<del>/</del>	<del>/</del>					64						
5		/					65						
6	<del>/</del>	<del>/</del>					66						
7		/					67						
8	/						68						
9		/					69						
10		/					70						
11	<del>/</del>	<del>/</del>					71						
12	<del>/</del>	<del>/</del>					72						
13	<del>/</del>	<del>/</del>					73						
14	<del>/</del>	<del>/</del>					74						
15	<del>/</del>	<del>/</del>					75						
16	/						76						
17		/					77						
18		/					78						
19		/					79						
20	/						80						
21		/					81						
22		/					82						
23		/					83						
24		/					84						
25	/						85						
26		/					86						
27		/					87						
28		/					88						
29		/					89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						